



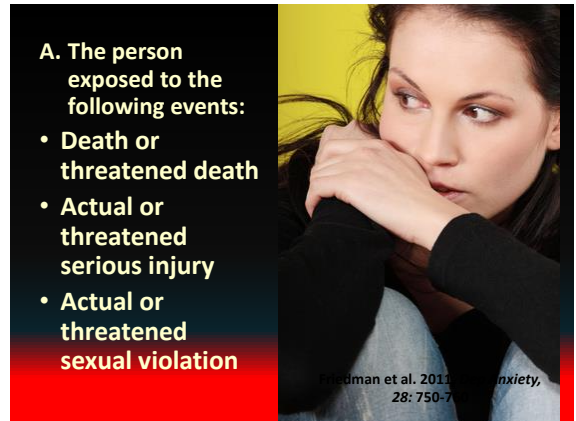
Birth Trauma

The Causes and Consequences of Childbirth-Related PTSD

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DSM-5 PTSD Diagnostic Criteria



A. The person exposed to the following events:

- Death or threatened death
- Actual or threatened serious injury
- Actual or threatened sexual violation

Friedman et al. 2011, *Dep Anxiety*, 28: 750-760



The person experienced events by:

- Directly experiencing the event
- Witnessing the event
- Learning that the event happened to a close relative or friend
- Experiencing repeated or extreme exposure to aversive details of the events

Friedman et al. 2011, *Dep Anxiety*, 28: 750-760



B. Re-experiencing symptoms

One or more of the following symptoms:

- Recurrent involuntary, and intrusive memories of the traumatic event
- Recurring nightmares
- Flashbacks (dissociative reactions)

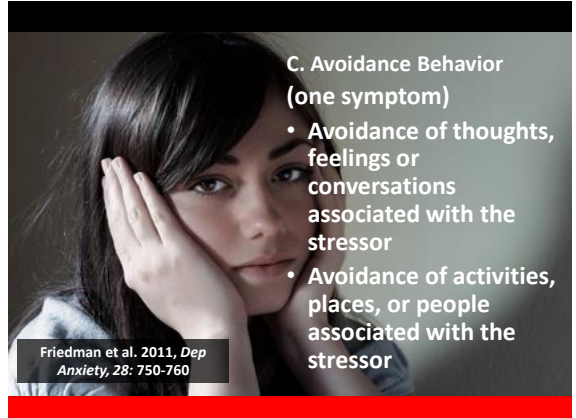
Friedman et al. 2011, *Dep Anxiety*, 28: 750-760

- Intense or prolonged psychological distress at exposure to thing that resemble the traumatic event(s)
- Marked physiological reactions to reminders of the traumatic events



C. Avoidance Behavior (one symptom)

- Avoidance of thoughts, feelings or conversations associated with the stressor
- Avoidance of activities, places, or people associated with the stressor

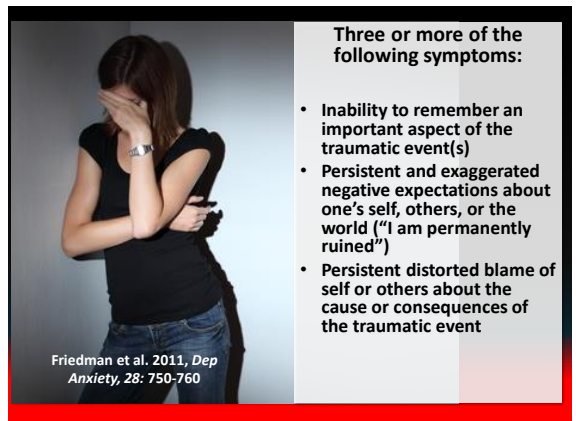


D. Negative changes in beliefs and mood; Began or worsened after the traumatic events



Three or more of the following symptoms:

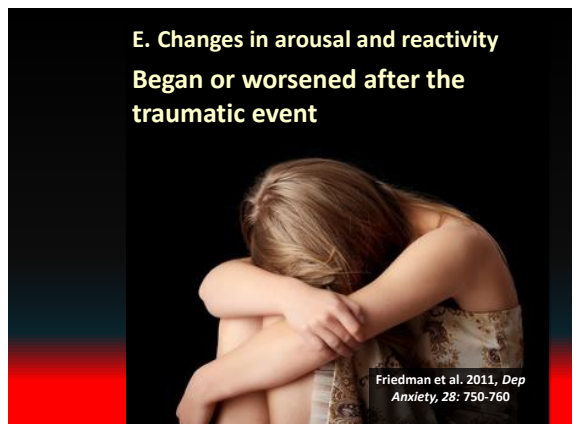
- Inability to remember an important aspect of the traumatic event(s)
- Persistent and exaggerated negative expectations about one's self, others, or the world ("I am permanently ruined")
- Persistent distorted blame of self or others about the cause or consequences of the traumatic event



- Pervasive negative emotional state, e.g., fear, horror, anger, guilt, or shame
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Persistent inability to experience positive emotions




E. Changes in arousal and reactivity Began or worsened after the traumatic event






How common is PTSD after childbirth?



Listening to Mothers II Survey (1,373 mothers online, 200 phone interviews), 6 month follow-up (859 online, 44 telephone)

9% met PTSD diagnostic criteria, 18% scored above the cutoff for PTS


Beck et al. 2011, *Birth*, 38(3), 216-227



Prospective study of 933 pregnant women, Followed at 4-6 weeks, 12, 24 weeks

- PTSD, 3.6% at 4-6 weeks, 6.3% at 12 weeks, 5.8% at 24 weeks
- 46% described birth as "traumatic"

Alcorn et al. 2010, *Psychological Med*, 40, 1849-1859



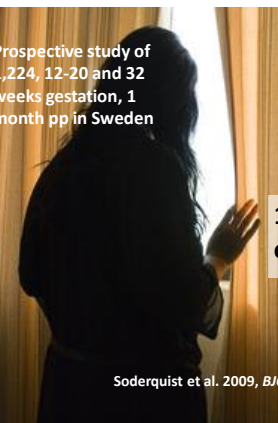
Depression, no PTSD

- 47% to 66%

Anxiety

- 58% to 74%

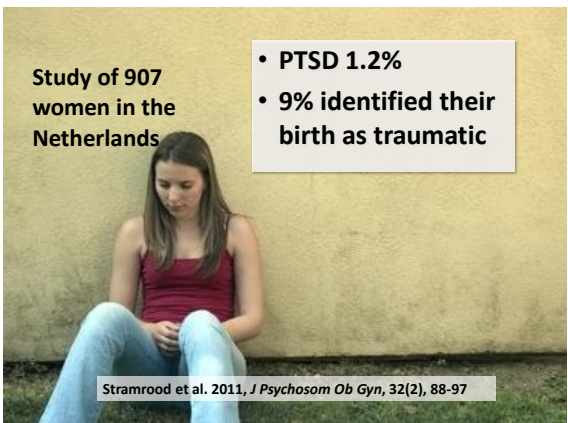
Alcorn et al. *Psychological Med* 2010; 40: 1849-1859



Prospective study of 1,224, 12-20 and 32 weeks gestation, 1 month pp in Sweden

1.3% had PTSD at one month

Soderquist et al. 2009, *BJOG*, 672-680



Study of 907 women in the Netherlands

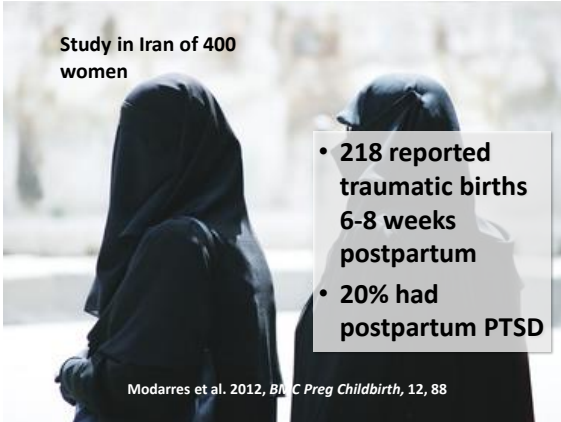
- PTSD 1.2%
- 9% identified their birth as traumatic

Stramrood et al. 2011, *J Psychosom Ob Gyn*, 32(2), 88-97

Study in Iran of 400 women

- 218 reported traumatic births 6-8 weeks postpartum
- 20% had postpartum PTSD

Modarres et al. 2012, *BMC Preg Childbirth*, 12, 88




What is mothers' lived experience of traumatic childbirth?




Centrality of the Event

- Highly negative event has become central to a person's identity, life story, and understanding of the world
- Related to PTSD symptomatology

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233




- Traumatic events form reference points for organizing of less salient experiences
- Paves the way for internal, global, and stable attributions



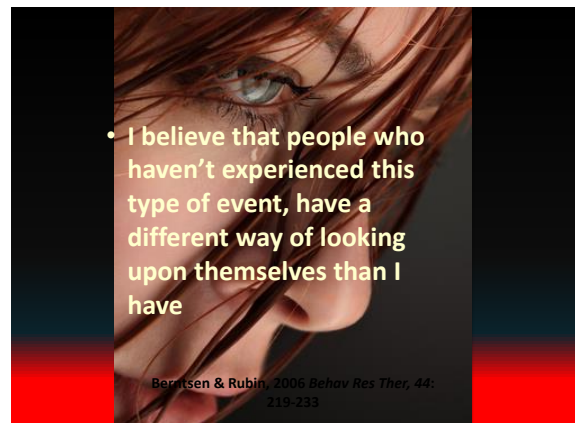
- This event has become a reference point for the way I understand the world
- I feel that this event has become a central part of my life story


Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233



- I believe that people who haven't experienced this type of event, have a different way of looking upon themselves than I have

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233





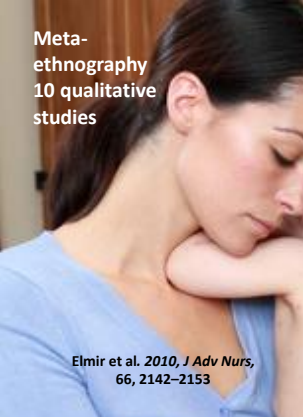
- This event permanently changed my life
- If this event had not happened to me, I would be a different person today
- I often think about the effects this event will have on my future

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233

Risk Factors for Traumatic Birth



Meta-ethnography
10 qualitative studies



- Women traumatized by midwives, nurses and doctors
- The care received experienced as dehumanizing, disrespectful and uncaring

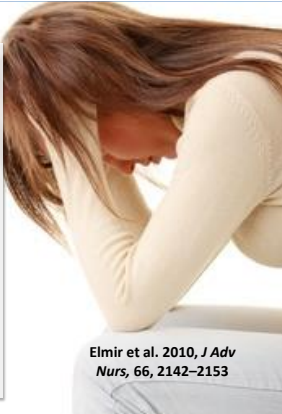
Elmir et al. 2010, *J Adv Nurs*, 66, 2142–2153

- More negative if they felt “invisible and out of control”
- Used phrases, such as “barbaric,” “intrusive,” “horrific,” “inhumane,” and “degrading”
- Also distressed when large numbers of people were invited to watch the birth without their consent



Elmir et al. *J Adv Nurs* 2010; 66: 2142–2153

- Women felt out of control, powerless, vulnerable, and unable to make informed decisions They felt betrayed
- Some agreed to procedures, such as epidurals and vacuum extractions, to make the trauma stop



Elmir et al. 2010, *J Adv Nurs*, 66, 2142–2153

Perinatal loss increases risk for PTSD, depression, and anxiety with a subsequent birth

- PTSD remained in the moderate range throughout
- Mothers and fathers had similar rates of PTS



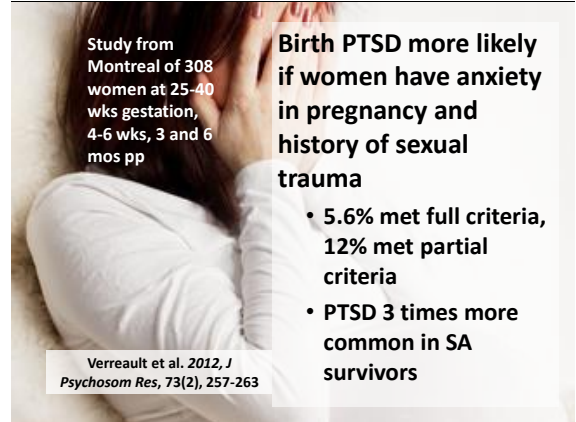
Armstrong et al. 2009, *JOGNN* 38, 654-666



Study of 21 mothers of VLBW infants in Quebec, Canada, Mothers were assessed when babies were 6 months corrected age

- 23% were in clinical range for PTSD
- Severity of illness in infant related to the mothers' symptoms

Feeley et al. 2011, App Nurs Res, 24, 114-117



Study from Montreal of 308 women at 25-40 wks gestation, 4-6 wks, 3 and 6 mos pp

Birth PTSD more likely if women have anxiety in pregnancy and history of sexual trauma

- 5.6% met full criteria, 12% met partial criteria
- PTSD 3 times more common in SA survivors

Verreault et al. 2012, J Psychosom Res, 73(2), 257-263



Listening to Mothers Survey II

- 26% of Black mothers had PTS

Declercq et al. 2008. *New mothers speak out.*

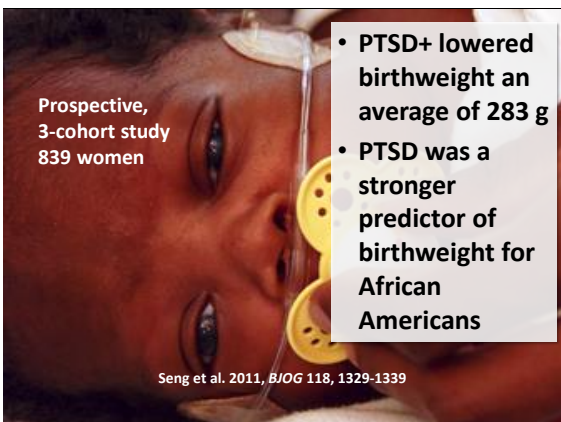


National survey of 1,581 pregnant women (709 Black)

Current prevalence of PTSD was 4 times higher for Black women

- Rates did not differ by SES
- Explained by greater trauma exposure

Seng et al. 2011, Arch Womens Ment Health, 14(4), 295-306



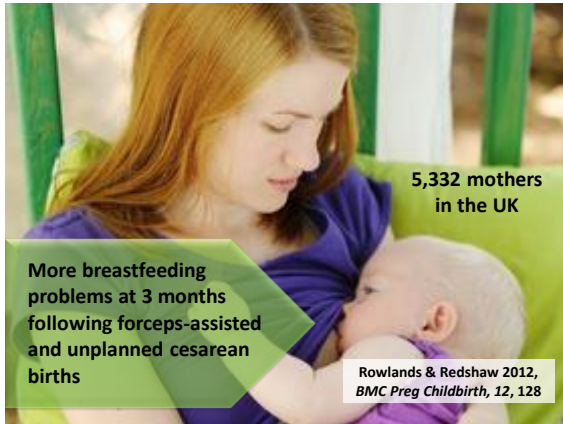
Prospective, 3-cohort study 839 women

- PTSD+ lowered birthweight an average of 283 g
- PTSD was a stronger predictor of birthweight for African Americans

Seng et al. 2011, BJOG 118, 1329-1339



Impact of Traumatic Childbirth on Breastfeeding



- “Women traumatized during childbirth often felt like victims of rape: violated and stripped of their dignity
- Some women became vigilant about protecting their bodies from being violated yet again
- This hypervigilance focused on their breasts and hindered their breastfeeding”

Beck 2011, *Qual Health Res*, 21(3), 301-311

“The flashbacks to the birth were terrible. I wanted to forget about it and the pain, so stopping breastfeeding would get me a bit closer to my ‘normal’ self again.”

Beck 2011, *Qual Health Res*, 21(3), 301-311

“I had flashbacks to the birth every time I would feed him.

When he was put on me in the hospital, he wasn’t breathing and he was blue. I kept picturing this; and could still feel what it was like.

Breastfeeding him was a similar position as to the way he was put on me.”

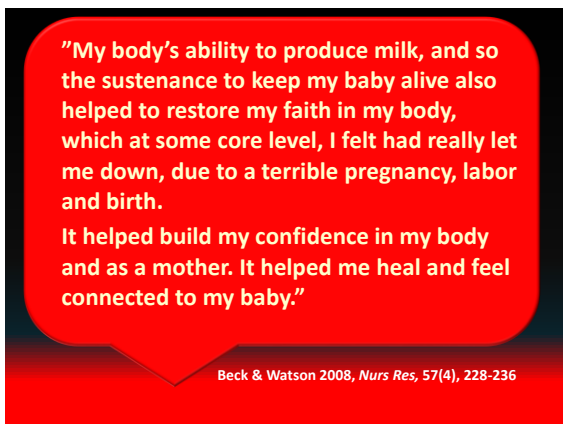
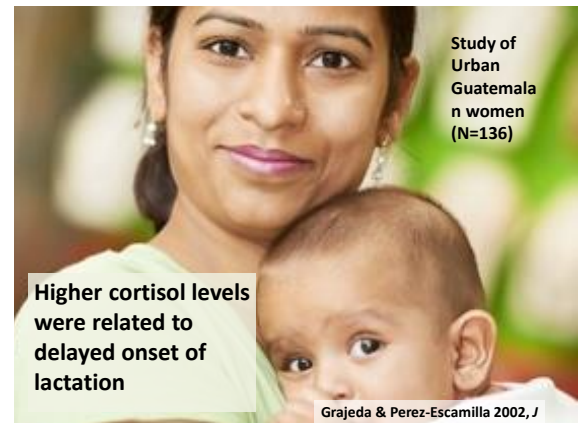
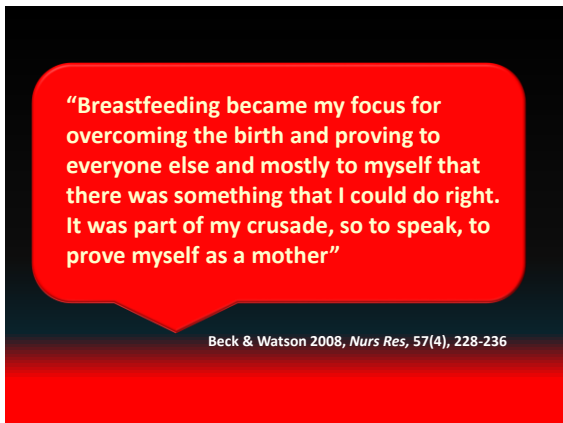
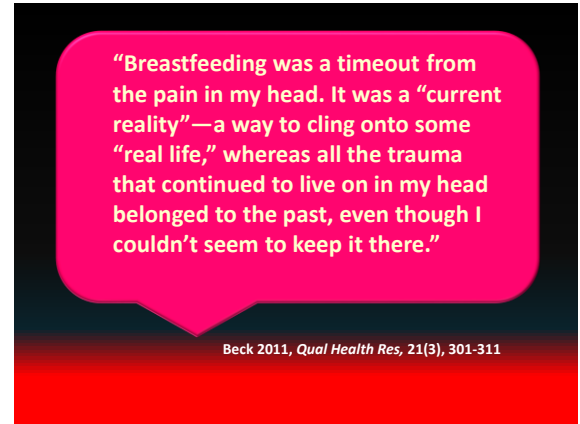
Beck 2011, *Qual Health Res*, 21(3), 301-311

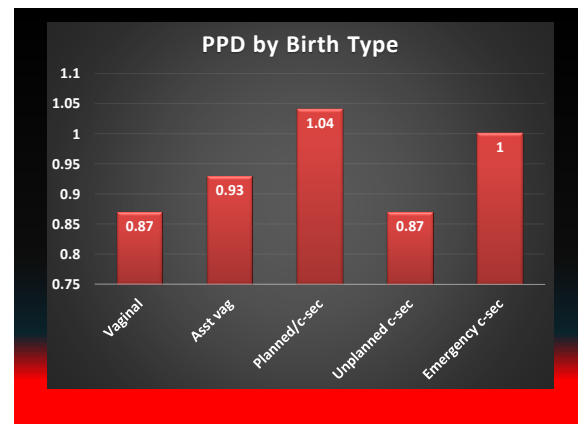
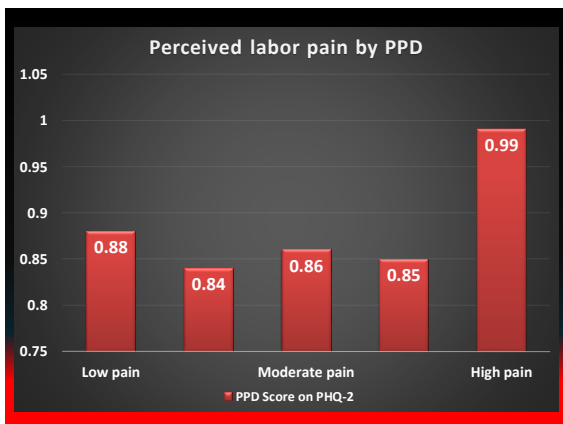
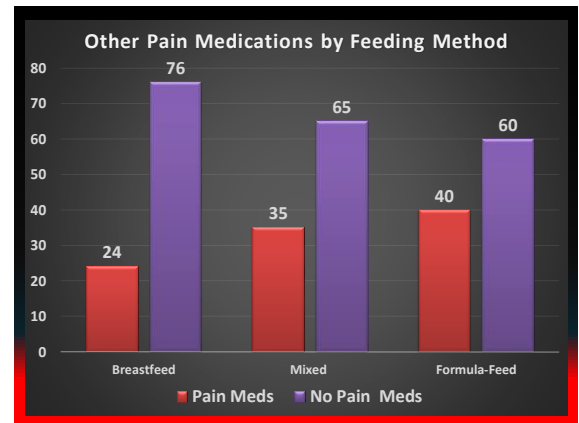
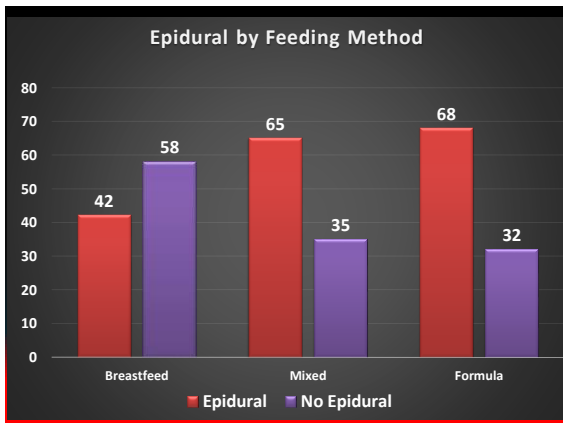
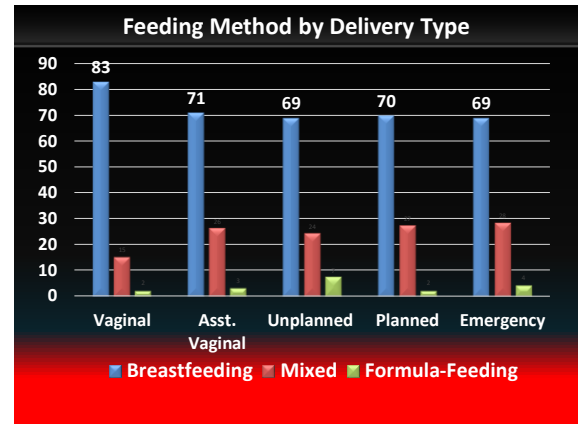
“I hated breastfeeding because it hurt to try and sit to do it. I couldn’t seem to manage lying down. I was cheated out of breastfeeding. I feel that I have been cheated out of something exceptional.”

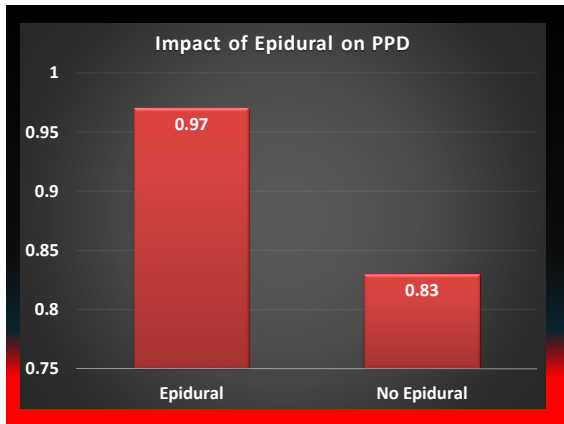
Beck & Watson 2008, *Nurs Res*, 57(4), 228-236

“The first 5 months of my baby’s life (before I got help) are a virtual blank. I dutifully nursed him every 2-3 hours on demand, but I rarely made eye contact with him and dumped him in his crib as soon as I was done. I thought that if it were not for breastfeeding, I could go the whole day without interacting with him at all.”

Beck & Watson 2008, *Nurs Res*, 57(4), 228-236







- Significantly related to depressive symptoms
 - Epidurals
 - Postpartum hemorrhage
 - Postpartum surgery
- Even after controlling for
 - All other birth interventions
 - Number of hours in labor
 - Income
 - Education
 - History of depression
 - History of sexual assault
 - Current anxiety
 - Current anger/irritability

Kendall-Tackett et al. 2015, in press, *Clin Lact*, 6(3)



Random sample of 464 L&D nurses from AWHONN

35% of L&D nurses reported moderate-to-severe secondary trauma from being exposed to traumatic births

- 10% high STS
- 14% severe STS

Beck & Gable 2012, *JOGNN* 41(6), 747-760

Agonizing over what should have been done

- Felt powerless because person in authority was causing unnecessary trauma
- Felt frustrated and angry at physician for not listening
- Feel like I failed my patient
- I should have tried to stop the physician
- My patient was counting on me to protect her

Beck & Gable, *JOGNN* 2012; 41(6): 747-760

“The physician violated her. A perfect delivery turned violent. I felt like an accomplice to a crime. The doctor treated her like a piece of dirt. After the birth of the baby, he proceeded to put his hand inside her practically halfway up his arm to start pulling the placenta out....I felt like I was watching a rape.”

Beck & Gable, *JOGNN* 2012; 41(6): 747-760

"Traumatic deliveries are much easier to handle and cope with when they are unavoidable. What causes the anxiety and stress to nursing staff is when they feel powerless and helpless because another person in authority is causing unnecessary trauma to the patient and infant."

Beck & Gable, *JOGNN* 2012;
41(6): 747-760

"Whenever I hear a patient screaming I will flashback to a patient who had an unmedicated (not even local) cesarean section and to the wailing of a mother when we were coding her baby in the delivery room. I feel like I will never get these sounds/images out of my head even though they occurred more than 10 years ago"

Beck & Gable, *JOGNN* 2012;
41(6): 747-760



What Can We Do to Help?



Recognize trauma symptoms

- Numbing symptoms may cause to claim that nothing is wrong
- Give moms a chance to talk about their births
- Open the door to future conversations



Symptoms you might observe

- Recoiling when baby is placed on them (especially skin-to-skin)
- Mother looks detached
- Mother determined to breastfeed at all costs
- Or mother too overwhelmed to try



Expect possible delay in lactogenesis II

- Be proactive about possible delay
- Involve the mother in the plan

